

Transcript for CDC Telebriefing: CDC Update on Novel Coronavirus

Press Briefing Transcript

Wednesday, February 12, 2020

Please Note: This transcript is not edited and may contain errors.



Operator: Welcome and thank you for standing by. At this time, I would like to inform all participants that your lines have been placed on a listen only mode until the question and answer session of today's call. Today's call is also being recorded. If anyone has any objections, you may disconnect at this time. And now I would like to turn the call over to Mr. Benjamin Haynes. Sir, you may begin.

Benjamin Haynes: Thank you Sue. And thank you all for joining us for today's briefing to update you on CDC's 2020 novel coronavirus response. We are joined today by Dr. Nancy Messonnier, Director of CDC's National Center for Immunization and Respiratory Diseases, who will give open remarks before taking your questions. I will now like to turn the call over to Dr. Messonnier.

Dr. Nancy Messonnier: Thank you for joining us. Today, I would like to provide a few updates on important developments over the last few days. First, I want to extend my condolences to the family of the American who died in China over the weekend. As far as we know, this is the first American to die from this new coronavirus. Though more than a thousand people in China have died. My sympathy and my thanks go to the people of China, for those who have lost loved ones and those who are on the front lines battling this virus. In China, they are taking aggressive measures just as we are in the United States. Since we briefed you last, there has been one new confirmed novel coronavirus infection detected in the United States. The new confirmed infection is an individual who returned from Wuhan and was quarantined at Marine Corps Air Station Miramar. This individual was on one of the last Department of State flights out of Wuhan, the epicenter of the outbreak in China. Given the spread of the virus in Wuhan, it is not surprising to see a positive case among people who recently returned from there. That is in fact the reason they are being quarantined. Currently the person has mild illness but is hospitalized. This brings the total number of confirmed positives in the United States to 13. I want to clarify some of the reports that have been circulating about this case. Last Thursday when one of the planes from Wuhan landed at Miramar, a few people were sick and transported to local hospitals for further evaluation. These people were placed in isolation and samples were taken for testing. When running laboratory diagnostics for any disease, anywhere in the world, the ability to match the individual to the specimen is key, and is part of the normal procedures put in place to ensure that that matching is done correctly. But in this situation with this patient, it didn't work correctly, and the patient was misidentified initially as negative. The issue was identified within 24 hours. The CDC tested the sample, the positive result was conveyed quickly to the local public health and CDC teams. The mishap was unfortunate, but we have corrected the

from happening again in the future by adding additional quality control. And it's really important to emphasize that during this time appropriate infection control precautions were taken around everyone, including around this patient who, again, is doing well. Now I'd also like to update you on our diagnostic test kits. As you know, this is a dynamic and rapidly evolving situation, and our response continues to be based on the latest science. We continue to be flexible to meet the public health challenges that the virus presents, and clearly a success is the CDC rapid development of diagnostic and rapid deployments to the states, which was clearly important to try to bring the testing closer to patients to avoid delays that have been inherent in sending samples to CDC. When the state receives these test kits their procedure is to do quality control themselves in their own laboratories. Again, that is part of the normal procedures, but in doing it, some of the states identified some inconclusive laboratory results. We are working closely with them to correct the issues and as we've said all along, speed is important, but equally or more important in this situation is making sure that the laboratory results are correct. During a response like this, we know things may not always go as smoothly as we would like. We have multiple levels of quality control to detect issues just like this one. We're looking into all of these issues to understand what went wrong, and to prevent these same things from happening in the future. Before I take questions, I want to give you a couple more updates. Since the airport screening began in mid-January, CDC and its partners have screened more than 30,000 passengers from China. With the temporary restrictions on travel, we are seeing fewer and fewer travelers from China, especially from Hubei province. Passengers are being funneled through 11 airports, most of these people are coming from parts of mainland China outside of Hubei, show no symptoms and have not been assessed as high risk. Those who passed the screening continue on to their final destination where they self-monitor their health for 14 days in cooperation with their state and local health departments. We're asking these people to limit their activities and stay home during that 14-day period. Our goal is to be as least restrictive as possible while ensuring the safety and health of Americans. Since starting our travel restrictions and funneling through airports, we have not detected any cases among returning travelers from China. Most of the U.S. cases were found before the travel restrictions were put in place among travelers who returned from Wuhan and later sought medical care for their illnesses. These cases were picked up by astute clinicians and reported to CDC. We are continually reassessing our recommendations around quarantine and self-monitoring and will continue to work with state and local public health departments to refine and improve this process. Most of the diseases in China, however, we can and should be prepared for this new virus to gain a foothold in the U.S. The goal of the measures we have taken to date are to slow the introduction and impact of this disease in the United States but at some point, we are likely to see community spread in the U.S. Or other countries and this will trigger a change in our response strategy. This will require the effort of all levels of Government, the public health system and our communities as we face these challenges together. We are focusing now on preparing in other areas, including development of guidance for our health care practitioners, and planning for increased demand on our health care system. One important aspect of this is taking steps to make sure there are enough supplies and appropriate guidance to prevent the spread of the disease, especially among health care personnel caring for patients. We understand the importance of providing guidance that health care facilities can implement given the availability of personal protective equipment or PPE supplies. CDC talks regularly with health care industry partners as well as PPE manufacturers and distributors to assess availability of PPE. At this time, some partners are reporting higher than usual demand for select N95 respirators and face masks. CDC does not currently recommend the use of face masks for the general public. This virus is not spreading in the community. If you are sick or a patient under investigation and not hospitalized, CDC recommends wearing a face mask when around other people and before entering a health care provider's office, but when you are alone, in your home, you do not need to wear a mask. People who are in close contact with someone with novel coronavirus, for example, household contacts and care givers of people with known or suspected 2019, I'm sorry, nCoV 2019, we should wear a face mask if they are in the same room as the patient and that patient is not able to wear a face mask. Health care personnel should wear PPE including respirators when caring for confirmed or possible nCoV patients because they're in direct contact with those patients which increases their risk of exposure. We will continue to work with our public health partners around the clock to address this public health threat. Some good news this week is that yesterday the first group of 195 people who returned from Wuhan on a State Department flight completed their 14-day quarantine.

None of those people have this new virus, and all left March Air Reserve Base successfully and happily returned along the way to their families and their communities. It's important that people understand that these people being released from quarantine pose no health threat to the surrounding communities or the community that they will be returned to. I want to extend my thanks to them for their cooperation and patience during the quarantine and wish them well as they return to home, work and school. I also want to thank the men and women on March Air Reserve Base and their families for their graciousness while hosting these guests. I also want to say that CDC is working in close collaboration with Japanese health authorities to ensure precautions are being taken to prevent the spread of disease on the Diamond Princess cruise ship as well as making sure the American citizens on that cruise ship are safe. We recognize the continued uncertainty of the current situation. As always CDC public health experts strive to make the best recommendations based on the most up-to-date data. I would be happy to take questions now.

Operator: Thank you. We will now begin the question-and-answer session. In order to provide everyone the opportunity to ask questions, we ask that you limit your questions to one question and one follow up. If you have further questions, simply reinsert yourself back into the queue and your additional questions will be answered as time permits. To ask a question, please press star followed by one. Please ensure your phone is unmuted and record your name clearly when prompted. Again, that is star followed by 1 to ask a question. If you need to withdraw your request press star 2. One moment for the first question. Our first question is from Richard Harris with NPR. You may go ahead.

Richard Harris: Thanks very much. I have a point of clarification and then a question. And my clarification is based on your description of what happened with the test mix up, it sound as though somebody was misidentified as being positive and this person was misidentified as being negative, right, and then you realized that you had the identities wrong and you switched them. I want to make sure that I understand that. Let me ask my question also, which is a little more in-the-weeds, but I'm interested to know what the status is of being able to have a serological test to identify people who have been exposed but haven't shown signs of disease. Where is that right now?

Dr. Nancy Messonnier: The answer of the first question is thanks for asking me to clarify because no, that is not exactly right. Because of the problem with identification of the patient, the initial run didn't include that. You know as you can imagine, at CDC, there are a large number of specimens being processed, coming in and out, and it's important that they be identified appropriately so that they're prioritized. Because of the way that sample was identified, it wasn't run in that first run. Therefore, it was when the second run was done that we found that it was positive, so it isn't that somebody else was identified as positive. The sample wasn't initially run. And the answer to your second question is clearly a serological test is important in the United States we want to be able to look to see if people zero converted but especially hopefully we'll be able to help the Chinese look. That test would be really helpful to be able to understand the spectrum of illness that is are there people who are either asymptomatic or mildly symptomatic that have serological evidence of being exposed to pathogens. We have the beginnings of the serological tests, because we now have patients in the United States, we're able to collect additional specimens but we have to collect them over time so that we can have the appropriate timing of specimens to make sure that we understand what the immune response looks like. Once we complete the gathering of those specimens from the patients we'll be able to pretty rapidly, I would say within a couple of weeks, three weeks, four weeks, be able to have a test available but right now, we're still in the range of testing of gathering the appropriate specimens from the patients in the U.S. Next question.

Operator: thank you, the next question is from Ivan Couronne with "AFP," you may go ahead.

Ivan Couronne: Thank you. Have any of the test kits already been actually shipped outside of the U.S.? And if so which country?

Operator: One moment, please stand by.

Dr. Nancy Messonnier: I'm here. Thank you, I'm sorry. I didn't get off mute, so excuse me. We have shipped the test kit internationally. I don't have the specific list of countries in front of me. On last count and this is a couple of days ago, it was somewhere more than 30 countries. It's important to recognize that this is part of a normal procedure that CDC uses for exactly this kind of reason, to get help make test kits available to other countries who may not have easy access to the same reagents and resources that CDC does, so it's test kits and each of those countries that are receiving it will go through the same procedures that the recipients in the U.S. are, which is they would do an internal validation verification process before they'd be using those kits, so I also don't know yet, and we can follow up on this whether any country that has received the kits has gone through that process yet, and whether countries have actually used it. I just don't have that in front of me. Next question.

Operator: Thank you, the next question is from Hillary Bourke with "Business Insider," you may go ahead.

Hillary Bourke: Yeah, thanks for taking my call. I had a question about the incubation period. I'm wondering what you think about the new paper that suggests it's possible the virus might incubate for as long as 24 days in some cases. Have you seen any evidence to support that idea so far?

Dr. Nancy Messonnier: Yeah, so, it's a really interesting report that has come out. As you can imagine, there is a lot of data coming out and a lot of scientists appropriately are rushing to make sure that any data that they have is in the public realm where all the rest of the scientific community can make use of it. I applaud everyone's efforts. We have seen in some situations the rush to get data published hasn't necessarily led to there being the usual level of oversight to make sure that each of the findings is quality controlled, frankly. So, we're looking at that data closely, but we're frankly looking at all the other data that's available that looks at incubation periods. I would say the incubation period is obviously really important for us as we look to make sure that we're releasing these people safely from quarantine, but the abundance of data, that is available still is consistent with our current stance, which is to use 14 days as the end of that incubation period. I also would say that this is a confusing situation because there may be patients that have mild or even asymptomatic disease that isn't recognized and when you look at incubation period, you're starting at the point where a patient is exposed and then counting the days until that patient mounts symptoms. But if there is widespread community spread, for example, it may be that some of those initial exposures aren't detected and it makes it hard to be sure about the actual incubation period. Our CDC staff there actually are something like 50 separate modeling groups in the United States that are working with us on exactly these issues. It's important that we work with all of these modelers because they have different symptoms than we do, but we're working with all of the greatest minds in the country and globally try to pin down these facts as much as we can, and we still think that for today, for now, 14 days is the right interval to use. Next question.

Operator: Thank you. The next question is from Mike Stobbe with the "Associated Press," you may go ahead.

Mike Stobbe: Hi, thank you for taking my call. My initial question is I need to ask about this, the reports out of China, the cases reported dropped down significantly the last couple of days. I know it's just two days, but they were in the 3,000 range and now they're 2,478 and 2,050, that dropped, what if anything do you make of that, and my follow-up question is about you discussed the kits going out to the states, could you say a little more about did kits go to all 50 states and were you expecting that they'd be up and running this week but now it means it's going to be two weeks from now. Could you help us better understand the impact of what's going on and what kind of delay it entails, thank you.

Dr. Nancy Messonnier: Sure. It's only two questions this time. Good. So, the Chinese cases dropping down, I'm going to be optimistic that that is a sign that their aggressive efforts have been effective, but I really do think it's too soon to say that for sure, not having hands on the data ourselves. There is a WHO advanced team in China now, and I'm hopeful that they will have access to the data themselves and be able to validate those findings. It would certainly be reassuring if we were now seeing at least a slowdown of this outbreak in China. So that's the first question. The second question is a little complicated but what I would say is that of course we hoped that everything would go smoothly as we rushed through this, you know. We moved quickly, that's appropriate under these circumstances but it's equally appropriate to do quality control which is what we do, and where these — where this issue was caught, is part of the normal procedures. Of course, I hoped that this week every state — and every state did receive a kit and every state would be up and running. How long is it going to take? I can't tell you that for sure because I understand that not every state has completed their verification yet. And it won't be until we have results from every state that we know which states can continue and which states we need to — we need to get new reagents to. We're working closely with FDA. Again, we do expect this week that some states may move forward. Other states may need to get additional reagents from CDC, and I don't have an estimate yet from our laboratory staff as to how long that takes, and when we do, we will definitely be, first, letting the states know and then letting you all know. Next question.

Operator: Thank you. The next question comes from Denise Grady with "New York times." You may go ahead.

Denise Grady: Hi, thank you very much. I'll ask you both questions. One is could you please go over the criteria, so we understand exactly who is being tested, who's qualified for testing and then if the result is negative, does it mean anything?

Dr. Nancy Messonnier: I'm sorry, I'm going to just pause because there's an ambulance going through. Just wait. Okay. So, let's see, the criteria for testing in the United States focuses on people who are ill with the spectrum of symptoms that we have associated with this, which is fever, respiratory symptoms, cough, shortness of breath who have had appropriate travel history or who have been identified as contacts of a confirmed patient. And so, in each of the states where these cases have been identified, we've been looking at potential contacts of patients as to look to see if it spread, that contact tracing did identify the two cases that we say weren't directly associated with travel. Those are in close contacts of two patients who traveled but outside of those close contacts around confirmed cases our focus right now is on people who have a travel history that is consistent with where this outbreak is spreading. And we're comfortable with that as the basic criteria because so far, we are not seeing widespread community spread in the United States. That is that the cases we're seeing are all directly linked with travel to Hubei and China. It is also true that we did some testing of asymptomatic people, but it wasn't in the setting of trying to make a clinical diagnosis. It was in the setting of using that to try to learn more about how this is being spread, and I think people may have misunderstood it. We did that in the first 195 people who were repatriated into the United States, but we have not been testing asymptomatic people who have returned on the other repatriation flights. And that relates to this question of what being negative means. If we have a patient who is symptomatic and has the right travel history a negative means that at least at that point we don't think they have disease. If a patient is at very high risk in clinical discussions with their health care provider and health department, they may be tested again. If they're at very high risk. But in general, in a symptomatic patient, a negative, we think means that they're negative. The difference is that when we were using it at March Air Force Base to learn more about how this was being spread, it is possible that someone could be negative and still be incubating the virus and therefore we, in that setting, didn't judge a negative to let us be confident that somebody was able to be released from quarantine. So that's the distinction that we're making. Next question.

Operator: Thank you. The next question comes from Julie Steenhuisen with "Reuters," you may go ahead.

Julie Steenhuisen: Thanks, I have a couple of questions. First off, we know now that the w.h.o. Has a team in China. Are you — are any representatives from the CDC a part of that team? And can you say a little bit more about what kinds of problems the state labs encountered in validating the tests and why you need to send new reagents and finally are there any more flights expected from China carrying U.S. citizens? Thanks.

Dr. Nancy Messonnier: Okay. The advance team is three WHO staff. They're staff that are well known to us. They have a lot of experience. They are being articulated as an advance team, and I heard a report from them this morning. They're getting access to data, and doing the things you would expect them to do and as you all know, CDC stands ready to send staff to the affected areas in China to work on this investigation and as soon as we're given the invitation, we are happy to do that, but we haven't been invited yet. More planes, I think there is continued conversation that Americans who are still in Wuhan or other parts of China, so those conversations are ongoing, and I don't have any specific information right now as to whether there will be additional folks repatriated in groups like we saw with these planes. So, I don't have any specific information on that. In terms of the test problems, it gets a little weedy, but I can give you a little more detail. When a state gets the test kits, they have to verify that it works the same in their lab that it worked at CDC. And when some states were doing this, we received feedback that they weren't — that it wasn't working as expected, specifically some public health labs at states were getting inconclusive results and what that means is that test results were not coming back as false positive or false negatives, but they were being read as inconclusive. Now, these were not tests being run on actual clinical specimens from potential patients. These were part of the verification process, and because of that we are — when we evaluated what the issue is, we think that there might be an issue with one of the three assays and we think that maybe one of the reagents wasn't performing consistently, so it's a long story to say that we think that the issue at the states can be explained by one reagent that isn't performing as it should consistently and that's why we are re-manufacturing the reagent, obviously a state wouldn't want to be doing this test and using it to make clinical decisions if it isn't working as well as perfectly at the state as it is at CDC, so this is part of a normal process and procedure and redoing the manufacturing is the next step. Next question.

Operator: Thank you. The next question comes from Erika Edwards with NBC news. You may go ahead.

Erika Edwards: Yeah, just to follow up on that, are all the tests still coming through the CDC in Atlanta for conclusive results while the states work out their issues? And separately, I just wanted to learn more about your thoughts on that growing number of cases on the cruise ship docked in Japan. I mean, is there anything that CDC is even able to do to help the Americans on board? Thanks.

Dr. Nancy Messonnier: Yeah, thanks for the clarification and yes, all clinical specimens are still being sent to CDC for validation. I think you would expect nothing less from us as obviously the results of this test are so meaningful, and we'll continue to provide that backstopping frankly even after states are up and running. I would ask that you that the right language wouldn't be a problem with the states. It's a collective problem, so I don't want this to be seen as something that the states are doing incorrectly. That is certainly not the situation here. This is really part of a normal process and procedure, and, you know, we have the quality control set up specifically to allow us to identify these kinds of problems. In terms of the cruise ship, I know that there are Americans on board, there are certainly Americans that are ill and it's certainly concerning the high number of cases on that cruise ship. We are working closely with the embassy in Japan, and the state department to help with thinking through what's the right actions. Somebody from the state department may be on the phone, and if so, I'll ask them if they want to make a comment on this. Ben, is somebody there?

Benjamin Haynes: No, Nancy, sorry, nobody from —

Dr. Nancy Messonnier: Okay. So, I guess they're probably not on the phone because they're helping — working with us to think through what to do. Obviously, it's a high priority to make sure that the people that are already sick or the people that are still on the ship and asymptomatic are getting the best care possible. We want to protect the health, and we're working closely, again, through the embassy on thinking through what the right next steps are, and when there's more information, we will clearly make that available as quickly as possible. Next question.

Operator: Thank you. The next question comes from Tom Howell with the "Washington Times." You may go ahead.

Tom Howell: Hi, thanks for doing the call. Just branching off the question about the cruise ship, do you have any numbers of how many Americans are on board and how many of them might be infected if any?

Dr. Nancy Messonnier: I actually don't have those numbers in front of me but what I would say is there are definitely Americans on board who have been diagnosed with and now I have to get this name right, nCoV 19. Excuse me for not getting it right. I'm still working on it. There are Americans on board that have been diagnosed with nCoV 19, but I don't have the numbers on me right now, and we can certainly follow up. Next question.

Operator: Thank you, the next question comes from Nate Wetzel with "The Hill," you may go ahead.

Nate Wetzel: Hi, thanks for doing this call. I'm just wondering, there have been reports that the virus might either weaken or sort of die out as the weather gets warmer. Do you have any evidence for that? Has that been officially confirmed?

Dr. Nancy Messonnier: So, I think I would caution overinterpreting that hypothesis. I think what folks are saying which I think is a valid point is that most viral respiratory diseases are seasonal, and we'll use as an example influenza. Influenza has a season. It can alter a little bit but it's generally, we know what time of year is going to be the peak of influenza and in general, as we head towards spring and summer, we expect the cases of influenza in the United States to fall off. That's true for other viral respiratory diseases also that have a winter season. So, if this behaves similarly, it may be that as we head towards summer and, I guess, spring and summer, the cases would go down, but this is a new disease. We haven't even been through six weeks of it, much less a year, and so I certainly would, I mean, I'm happy to hope that it goes down as the weather warms up, but I think it's premature to assume that, and we're certainly not using that to sit back and expect it to go away. The aggressive actions were taken or we're taking are because we don't think we can count on that since again, we haven't been through even a single year with this pathogen. Next question.

Benjamin Haynes: Sue, we have time for one more question, please.

Operator: Thank you. Our last question comes from Steve Baragona with "voice of America," you may go ahead.

Steve Baragona: Hi, thanks for doing the call. You mentioned a couple of times about information you're getting from the Chinese. I know that's been an issue throughout this outbreak. How is your access to data? Are you getting all the information you need, and if not, what's the hold up? What impact does that have on your ability to respond?

Dr. Nancy Messonnier: I'm happy to talk about this. I'll start by saying there's nothing really new in this space compared to what we have said previously. There has been a lot more data coming out of China in the recent weeks compared to perhaps from the very beginning, and there have been meetings, for example, hosted by w.h.o. Where Chinese authorities have presented their data. As an epidemiologist seeing a graph that somebody else produced is never as good as touching the data yourself. Being able to look at it yourself and being able to ask the questions and run the data directly, so having that distance from the actual ongoing investigation in China or anywhere is never the

best way for us to be able to be completely confident that we understand the situation. That is the — part of the reason that we want to have folks on the ground. I'm working specifically on this investigation, the other is that I would say that CDC scientists are certainly some of the best in the world and our scientists have a lot to offer in terms of looking at what's going on right now in terms of the analysis. We also find that when you're in the midst of doing an investigation yourself, sometimes it's hard to step back and folks coming from outside who haven't been so enmeshed in the day-to-day sometimes can pick up things you didn't think of or have a different perspective. That's the other reason that it would be helpful to have a broader set of folks being able to look at the data itself. I have nothing new to say in terms of the data coming out. There is more coming out in the published literature but CDC staff themselves haven't yet gained direct access to the data and we continue to be hopeful that we'll be invited to do that. Thank you.

Benjamin Haynes: Thank you, Dr. Messonnier, and thank you all for joining us for today's briefing. Please check CDC's 2019 novel coronavirus web site for the latest updates on CDC's response efforts and if you have further questions, please call the main media line at 404-639-3286 or e-mail media@cdc.gov, thank you.

Operator: Thank you, that does conclude today's conference. Thank you all for participating. You may now disconnect.

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